

## **Request for CFSTES Course Scheduling**





By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.

All requests must be received **6 weeks** prior to the class start date.

Today's Date:	Name of Course:					Class Code: (SFT Use Only)		
Start Date:	End Date:			Fire Instructor 1A or 1B only - Dates of Each Class Session:				
Training Facility:			Advertise In Class Schedule? ☐ Yes ☐ No					
Sponsoring Agency Name:			Class Location (City):					
Contact Name:			Contact's Phone Number: Contact's Email Address:					
Primary Instructor:				Instructor Code: (SFT Use Only)				
Instructor's Phone Number:				Instructor's Email Address:				
Estimated Number of Students:	umber of Students: Delivered on Shift Schedule?  ☐ Yes ☐ No			# of Shifts:		# of Students per Shift:		
Local Processing? for Accredited Regional/Local Academies Only								
SHIPPING INFORMATION:				BILLING INFORMATION:				
Ship To:			Bill To:					
Attn:			Attn:					
Street Address: (No Po Box)			Street Address:					
City/State/Zip Code:			City/State/Zip Code:					
<b>\$FOR STATE FIRE TRAINING USE ONLY</b>								
Number of Books Shipped:		□ DHL □ Printer □ Pick-Up		☐ Books are not available from State Fire Training				
Number of Exams Shipped:		☐ DHL	☐ Printe	r □ Pick-Up	Edition:			
Exam Serial Numbers:								
Date Shipped: Date Returned:					☐ MRT #: (CDF Use Only)			
Registration and Materials					Unit Price	Quantity	Total Price	
Course Registration				(59210-142500-20)	\$80.00		\$	
Shipping/Handling Charges:							\$ 8.00	
Estimated Total Amount Due:							\$	
Unreturned Student Manuals/Supplements(59210-141200) \$							\$	
TOTAL DUE:							\$	
D O N O T	P A	Υ -	T H	IS I	S NOT	A B	LL	

Scheduling Desk (916) 445-8132 Revised 1/08

Scheduling Fax (916) 552-9464